



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 8149

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/533,835	05/04/2005 RULE	424	1611	RO4037US (#90568)		
<b>APPLICANTS</b> Markus Krumme, Randolph, NJ; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/12272 11/04/2003 <b>** FOREIGN APPLICATIONS *****</b> GERMANY 10252726.1 11/13/2002 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 07/24/2006						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/KEVIN S ORWIG/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
			NJ	1	22	2
<b>ADDRESS</b> D Peter Hochberg 1940 East 6th Street 6th Floor Cleveland, OH 44114 UNITED STATES						
<b>TITLE</b> Multilayered transmucosal therapeutic system						
<b>FILING FEE RECEIVED</b> 1000	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees		
				<input type="checkbox"/> 1.16 Fees (Filing)		
				<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)		
				<input type="checkbox"/> 1.18 Fees (Issue)		
				<input type="checkbox"/> Other _____		
			<input type="checkbox"/> Credit			